

# THE *Final Straw*

A WEEKLY ANARCHIST SHOW

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# Harm Reduction in West Virginia



**The Final Straw Radio - February 18, 2024**



Tasha of Project Mayday, a harm reduction project operating in so-called West Virginia, discusses harm reduction strategies and the political framework of their approach to mutual aid. The conversation also touches upon co-existing in the public health and non-profit space without compromising their radical values and some of the many ways that drug policy and pharmaceutical marketing affect people who use drugs. Listeners can contact Project Mayday at the links below and should watch those spaces for news about the benefit show coming up on April 28th.

**<https://maydayx.net/>**

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**Project Mayday:** My name is Tasha Withrow. I am the co-founder of Project Mayday in West Virginia. We are a peer-led grassroots mutual aid harm reduction group. We get in where we fit in. We help out where the help is needed. We do a little bit of everything, from safe supplies to clothes to hygiene. Anything. I'm really glad to be here.

**TFSR: Thank you. Can you give a little bit of background on Project Mayday? How long have you all been around? Maybe say a little bit about the area in which you are organizing.**

**PM:** We are organizing around the Charleston area here in West Virginia. I live about 20 minutes outside of Charleston. I do a little bit of work here in my area, which is very rural. But we began a little bit over a year ago, in October of '22 and came together when the other co-founder and I became friends while I was working on another project called Unstuck Chuck, which is a program that I developed where we paid participants to come to help clean up litter—whether it be trash litter, syringe litter—and they could get harm reduction supplies, any other supplies that we had at the moment. And they got paid for their work. We met and we came to the conclusion that there were needs not being met in the community. We had the ability and the willingness to try and meet those needs for folks, especially in harm reduction. So we started working together to get supplies out. One thing led to another and we became a little known on social media. Now here we are today.

**TFSR: Okay, great. Social media is how I came to know about the project. One of the most important aspects of the work you're doing, especially on social media, is destigmatizing drug use. It seems to me that some of the language you use to describe the people with whom you work might be different from the language used in a political, legal, or clinical setting. Can you go into some of those differences and the reasoning for your choice of descriptors?**

**PM:** It's been a personal journey as well for me in changing my language and how we approach that destigmatization process. I have lived experience, but my lived experience is over 10 years old. I come from the abstinence-only world. So I came into harm reduction with the language of addict, addiction, disease, and that sort of thing. And I was very, very locked into that mindset for a very long time. As I said, it's been a personal journey as well to break down that language barrier. I really push that. I really think it's important because language is important. It is important because it's how we begin to fix problems. That's how we begin to look at what's really going on. When we talk about drug use, we use definitions that are

**PM:** Awesome.

**TFSR: That's all I have. Thank you so much for taking the time to talk to me. I really appreciate it.**

**PM:** Yeah. Thanks so much for having me.

**TFSR: Of course. You take care.**

**PM:** You too. Bye.

recovery industry or something. There has to be something to bridge that gap because they have a monopoly on things. It's going to be very, very hard to make any headway without that collaboration, at least here in West Virginia. That's just how it is. It's how it's built here.

**TFSR: Can you talk about what you do to combat burnout from this stuff? If anything?**

**PM:** Oh, gosh. I guess I just kinda ride it out. [laughs] That's really the only suggestion I have—just wait till it's over. I try to take a couple personal mental health days.

**TFSR: Okay. Are you the person in charge of designing the great T-shirts that you guys do?**

**PM:** Yes.

**TFSR: That's awesome. Can you point listeners to other efforts or literature that excite you around harm reduction, maybe other groups or some really insightful books, anything?**

**PM:** If you're new to harm reduction and you're wanting to learn more about people who use drugs and how it's different than what you originally thought, anything from Maia Szalavitz is good—Undoing Drugs and Unbroken Brain are good books. I just started reading Saving Our Own Lives. It's about liberatory harm reduction. One organization that I'd like to plug would be Remedy Alliance / For the People. It's because we get our Naloxone from them. Underfunded programs get free Naloxone from them shipped to them. They help provide a lot of Naloxone to a lot of groups around the country. Other than that, it's a bunch of tiny little groups trying to make it.

**TFSR: Can you tell people where they can hear what Mayday is up to and how they can help out?**

**PM:** Yeah, we're on Facebook, Instagram, Twitter. That's all @projectmaydayx. Then our website is maydayx.net. It has our links on there and everything. I usually keep it pretty up to date, posting things. If it's not educational, then telling folks what we're doing, what we're up to, or asking for donations.

**TFSR: We'll put all that information in the show notes.**

given by people in power, whether it's through race, class, or gender. So it's these definitions that are given to people who use drugs, and it's used to control them. However that may find its way. One of the things that I wanted to do when we formed Project Mayday was to provide a lot of education and destigmatize that language. It's worked out pretty well. I've really seen a difference in folks that I communicate with a lot. And folks in general around this area, there has been quite the change in how we talk about people who use drugs.

**TFSR: When you say education, is that education aimed at, I guess client base, or are you referring to the public? Or is it both?**

**PM:** Yeah, we do a little bit of both. Our main goal is to amplify the voices and the needs of the people who are using drugs. So we want to make sure first and foremost that they're getting the education that they need on how to use safely, how to have safe sex, how to stay warm in the winter, whatever it is to reduce any risks involved in what's going on. Then, of course, educating the public is important because that's how we get support for harm reduction. That's how we get support for people who use drugs. People don't know what they don't know. I feel it's important for us to educate them to the best of our ability. What they do with that is out of our control once they have that information, but at least we could say we did our due diligence, and I see it as a way to also support the people that we are helping.

**TFSR: Is there a philosophical, political, or other basis for the type of harm reduction in which Mayday engages? Are you working from some playbook? Would you say that your approach is in keeping with current public health guidelines?**

**PM:** As far as within public health guidelines, one of our main goals is to keep folks who are using drugs safe and healthy and help reduce harms that are associated with illicit drug use such as infectious disease and overdose. Our methods fall within that framework. It's difficult to claim something but I guess if we had to fall into one it'd be more of an anarchist-communist framework. We don't have any hierarchy, membership is very fluid, everyone has a say and it's very equitable within the group. It's run by people who use drugs, formed by people who use drugs. When it comes to how we implement our methods, it's very community-based. We share resources and we try to take power from the institutions to give it back to the people.

**TFSR: Do you find that there are gaps and blind spots in the way the institutions communicate and/or work with the communities with whom you work?**

**PM:** Absolutely. Not only do government agencies, but service providers, non-profits, a lot of them work in silos. When it comes to communicating with people that they serve, there's not much effort put forth, and there's a lot of failure when it comes to connecting with the community. A lot of needs are not being met because of that. A lot of folks feel they have nowhere to go. And now that was one of the things that motivated us to not only form but to keep going. So there's a lot of gaps.

**TFSR: Do you share space in the region with people or organizations who will help your population differently than Mayday helps them? If that's the case, I know that you mentioned earlier that you get in where you fit in, but where are you growing in the same direction, and what are the points of conflict?**

**PM:** Yeah, we piggyback a lot off of them. There's another crew in Charleston, called SOAR. And they were one of the first more publicly known groups in Charleston. We collaborate a lot with them, and we share space with them a lot. They have a lot of networking that we don't have. It's been very helpful trying to navigate this world and to have their help with that. It's been very beneficial. We're still new when it comes to sharing space, honestly. We were going to do this health fair here in my county where it's very rural, and the health department was involved so we thought it was very legitimate. And we initially signed up for it until I realized where it was, and it was at one of the local churches. It wasn't the fact that it was at a church. It was the church that spearheaded one of our anti-trans ordinances here in my county. So we backed out of that. We didn't want to be involved in that. It is difficult, especially in this area. It's a very, very red state. It's very conservative. So to find people who, if they don't share our mission, at least share our values, and that we can at least collaborate and they're not out there causing harm, especially to the people that we love and care about and many of the folks that we serve. It's been a process, and we're still new and navigating it. I'm glad that we have people to help us along the way.

**TFSR: May I ask, is there a site out of what you work, or are you generally out in the streets where folks are?**

**PM:** It's all peer-based. Mobile outreach.

**TFSR: Okay. It seems you engage in a few different forms of mutual aid. Can you describe the various efforts and what you consider to be successful interactions or successful building of relationships? What does that look like to you?**

**such as NA and abstinence-based programs, either from your own experience or from what you've learned about this environment?**

**PM:** The program of NA was very helpful to me at the beginning of my recovery. It was what I needed at the time. It was what I needed for a few years. There are some things that I do believe are beneficial. There are some things that I still utilize. However, the limitations were very glaring to me when I was struggling with my mental health a lot. I was taking some antidepressants and was trying to get myself to a place where I wasn't suicidal. It got to a point where I started talking to people about it. I would keep getting this whole like "Oh, we'll go to meetings, pray about it, talk to your sponsor." Blah, blah, blah, get the pat on the back. I kept seeing my friends die. I lost one of my best friends. I was actually her sponsor, and she relapsed and overdosed alone in her bedroom at her dad's house. That was really when things started not making sense anymore to me. I started to see how folks were ashamed if they used and they did not feel safe enough to come back. They did not feel comfortable telling anybody what was going on. We had people acting like they were therapists, but they weren't. People were actively suggesting people go off their medications. And when they're suicidal, they're like "Oh, well, it's okay. You'll be fine. It's fine." I don't know if intellectually is the right word to use, but in some way, it wasn't clicking anymore. The cognitive dissonance, it wasn't making any sense. I realized how the philosophy and the ideology behind 12 Steps really perpetuate the war on drugs propaganda. It really hurts people. It really perpetuates that prohibition rhetoric.

**TFSR: Do you think that the ubiquitousness, the lasting nature of these programs, insulates them from constructive criticism?**

**PM:** Absolutely. They are hell-bent on not changing. That is one of their key traditions, to stay the same not change and not be influenced by outside factors, people or institutions. Because there is a lot that, I think, if they would even update some language in their program, it would mean the world to a lot of people.

**TFSR: What would be the most helpful policy-wise in destigmatizing drug use and aiding drug users?**

**PM:** Definitely decriminalization and legalization. We know that's a long way away, but we can make small steps. We can stop regulating syringe programs, we can actually legalize and regulate overdose prevention centers, we can fund drug user health programs, and we can fund stigma campaigns to educate the public about people who use drugs. We can actually try to collaborate and work with the



focus more on the prevention of harm caused by illicit drug use, such as HIV and hepatitis. Other than that, I believe there's only one nonprofit that's actually harm-reduction. That's SOAR. We're not a nonprofit. We choose that. We don't want to be beholden to the IRS. It's a weird landscape here. There are a lot of stipulations for nonprofits here. Especially if they get state grants, they're only allowed to help certain populations, criteria, and that sort of thing. When I think about it, it does create quite a bunch of gaps, especially in the harm reduction aspect of things.

**TFSR: Can you describe a little bit of what you mean by treatment-based and recovery-based? I was wondering if you could tell me a little bit about something I saw on your social media feed: recovery gaslighting. What is that?**

**PM:** Okay, the nonprofits more focused on recovery and treatment, that's going to be sober living houses, the peer support specialists, those agencies and nonprofits. They're the folks who basically are assisting people who are already in some recovery. Most of it is abstinence-based. There is a current attack on medication-assisted treatment right now from the legislature. They're trying to outlaw methadone right now. Also when it comes to other forms of medication-assisted treatment, such as buprenorphine, there's a lot of stigma surrounding it as well. There's this really weird dynamic when it comes to substance use here, especially in West Virginia.

That takes me to the recovery gaslighting. I don't know if I've come up with it, but it's something I thought of when I was in the process of leaving NA a couple years ago. I was very vocal about my experience. I was very vocal about the trauma that I experienced in that decade. I really wanted people to know about it because I was also becoming introduced to other people who had similar experiences I did. And I thought, "This is something that needs to be talked about more." After sharing that experience there were a few folks that... It's similar to when you're in a relationship, like "Why are you mad? Why are you upset? Why are you depressed? Why are you anxious?" They're asking all these things, why, why, why. You explain to them why, but they're like "Well, that didn't happen. It's not like that." Or "You just didn't do this. You didn't pray enough. You didn't go to enough meetings, you didn't work a strong enough program." All these things. It always comes back to you. That's something that I experienced my whole time in NA, but I didn't really realize what it was until I left. It was very hurtful. Some of it came from people that I considered really good friends. That's something that I'm still processing since I left a couple of years ago. It's something that a lot of us experience when we leave, especially if we go into a more harm-reductionist practice.

**TFSR: Can you talk about what you view as the limitations of programs**

**PM:** When I envision mutual aid, I envision, to put it simply, it's us helping each other with whatever we need. Because where we live, we've been exploited here in Appalachia since day one. So we've had to take care of each other since day one. So it's a little bit in all of us to have that mutual aid spirit. It's actually very easy to do here. It's very easy to be able to put out a mutual aid request and be like "Hey, we need some clothes, jackets, tents, sleeping bags, etc. You can either donate them or donate some money and we'll get it." And within a few hours, we have people donating money. Or we had someone where we had to help them get their electricity fixed and turned back on, and it took \$2,000. And we were able to raise all that money, to get people shelter, to get people food. It's wherever the systems and the institutions are failing, that's where we try and pick it up. I feel like here in Appalachia, even though we have that spirit of mutual aid, we also have that spirit of a lot of people who feel everyone should pull themselves up by their bootstraps. It's like "Dude, we don't have any boots." So we help each other get those boots. It's very interesting to do mutual aid here. Like I mentioned earlier with Soar and collaborating with them, they do a monthly mutual aid fair in Charleston. That's where a lot of different folks come together. You have anyone from pet care to wound care. We're there, and we have our variety of services. You have Sober Living folks there. They have dinner, anything and everything that you could think of. We serve about anywhere from 1 to 200 folks a month, and it's very successful. They're still working out the kinks of it because Charleston's a big city and not everyone's getting served. It's on the opposite side of the city. But that's been a very successful thing for us to do. We've been getting a lot of interactions with folks. It's really good to see everybody come together.

**TFSR: You tend to see people month after month, am I right?**

**PM:** Yes. And when we do our peer distro, those folks are seen more often.

**TFSR: You mentioned the difficulty of wanting to pull back whenever your values are not shared by the people around you. How have you been received by the community, either the immediate community and maybe a little bit beyond that? Have you received pushback from anybody?**

**PM:** A little bit, yeah. Especially where I live because it's so rural and conservative. Even though we have a quick response team here for overdose follow-ups, they still pretend that drug use doesn't happen here and that there are no people here who use drugs. So it's been difficult to establish ourselves here a little bit. I've done some random Naloxone pop-ups. I'll just park my car in a random parking lot. That's been well-received with a couple people who have stopped and talked to

me. Whenever we've set up at random events where you usually don't see people with Naloxone, we've been well-received. Granted, we also haven't really been out that long. There's still plenty of time for us to get recognized. And hopefully, it's positive. We're working on a photo essay project right now we got a grant for, and we're hoping to use that to shed some positive light on harm reduction and also people who use drugs. It's a really big tool to combat the stigma that's going on surrounding harm reduction in West Virginia.

**TFSR: I think that the average person's window into this stuff is the media. Can you tell me what the media gets wrong when covering drug use and harm reduction?**

**PM:** They feed off the moral panics that the politicians perpetuate. It's like a pin-ball machine, they bounce off each other and regurgitate the same shit, that drugs are bad, we need to continue the war on drugs. We get people testifying in Congress who don't know anything about drug policy. I know that folks have good intentions sometimes, but it makes it look bad when harm reduction hasn't had a full chance yet. Just because we get these little snippets of opportunities to actually practice the strategy, and we're facing these barriers because of prohibition, when we hit those barriers, "Oh, harm reduction doesn't work. Oh, it's bad. Oh, we need to shut down the overdose prevention centers," etc. The media perpetuates those moral panics a lot. It's what got our syringe service program here in Charleston shut down. The media was a huge factor in that.

**TFSR: Just coverage on the news and stuff?**

**PM:** Along with the mayor at the time. I wouldn't say they worked together, but they played off each other. It created such a problem. It's what led it to shut down.

**TFSR: Do you have anything to say about that recent statement that Jelly Roll made? What do you make of something that?**

**PM:** I made it a couple minutes in, and I was like "Okay, I'm gonna give them a chance." Like I said, not everyone's caught up on the vernacular yet, and I try not to hold that against people. We have to educate first. But then it started going into the same war on drugs and prohibition rhetoric that we hear all the time. That's not going to solve the problem, that's going to make it worse. That's what happens a lot when it comes to people with lived experience thinking that they're the experts because they have lived experience. Granted, it may give me some privilege in the decision-making process. But hell, like I said, my lived experience is over a decade old.

I need to sit aside and let someone with more recent experience step up and be able to speak and have a role in the decision-making process. I think he just set us back a lot. But that's what happens when celebrities get called in and testify in Congress.

**TFSR: Can we talk a little bit about the FREED of Opioids Act? What it gets wrong, what it gets, if anything, right?**

**PM:** That is the one with prescribing, with Manchin, correct?

**TFSR: Yes.**

**PM:** Oh, Manchin. He is the worst. He came from us, from West Virginia. He is another one of those "the opioid crisis was caused by Big Pharma" people. So he's going to keep pushing those bills through thinking that it's going to fix what's going on. But, as we know, it makes it worse because people are not going to be able to get what they need. They're going to continue to have to use illicit substances, and it's gonna cause more drug poisonings and overdoses.

**TFSR: I'm not sure exactly how to phrase this question. How do you think the work of Mayday either coincides with or refutes the work of marketing and prescribing of drugs by the pharma industry? How does that fit together?**

**PM:** That's weird, because we do advocate for safe supply, and safe supply would come from the pharmaceutical companies. In a perfect world, there would be better regulation on that. And we wouldn't be stuck with the Big Pharma that we have here in North America. That's a really complicated place to be in. When it comes to overprescribing, we were hit super hard. We were among the hardest hit here in West Virginia. I got caught up in it. It's part of my story, my experience. But I also know that the prescribing of a safe supply from doctors kept me from using illicit heroin for years. Of course, it's not going to happen under the capitalism that we are in now, but we need better regulation of the pharmaceutical industry.

**TFSR: It seems like the nonprofit sector is often tasked with bridging the gap between institutions and the community. Can you talk about how the nonprofit figures into your region and what they're doing right or wrong?**

**PM:** Most of the nonprofits that focus on substance use here in West Virginia are recovery-based. They're going to be more treatment-oriented, sober-living, peer-support specialists, that sort of thing. There are one or two nonprofits that